

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012637
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

319

Primary Registration District No.

Registrar's No.

27

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

JACKSON T.S.

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

1 MI SO OF K. ROAD

Inside Limits

Yes ☐ No ☒

c. CITY

OR
TOWN

ST LOUIS

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

5722 WESTMINSTER

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

J. M. ARNOLD

4. DATE
OF
DEATH

Month

Day

Year

MAY 6 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2/19/32

9. AGE (last birthday)

30

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

TAXI DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

SULFUR KY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM A ARNOLD

13b. MOTHER'S MAIDEN NAME

ETHEL TINGLE

14. NAME OF HUSBAND OR WIFE

MILDRED MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES KOREAN WAR

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
6 MILDRED ARNOLD ST. LOUIS MO18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARBID MONOXIDE POISONING

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

PARALYZED GARDEN HOSE FROM CAR EXHAUST

20c. TIME OF
INJURY

Hour

Month, Day, Year

11

a.m.

5/6/62

PIPE TO MOUTH SITTING IN AUTOMOBILE

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

PRIVATE ROAD

20f. CITY, TOWN, OR LOCATION

STE. GENEVIEVE MO

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lea C. Barker Conover

22b. ADDRESS

St. Genevieve Mo

22c. DATE SIGNED

5/7/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

5-8-1962

23c. NAME OF CEMETERY OR CREMATORY

CONCORD

23d. LOCATION (City, town, or county)

STE. GENEVIEVE CO MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lea C. Barker St. Genevieve Mo 7 May 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

6952

22059

3

4

5

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7

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9973.1

10

11

1291-3

131-0

MAY 29 1962

MAY 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Leac. Barker

Licensed Embalmer No. 1985

P. O. Address St. Genevieve Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.